Notes on Near-Universal Health Reform Financing - 2006-2007

Massachusetts Reform

Uncompensated Care Dollars

The reform eliminates the current \$160 million Uncompensated Care Pool assessment on insurers and businesses. All businesses with more than 10 employees will make a contribution, based on their total payroll, to a new "Commonwealth Care Fund." Businesses with 10 or fewer employees will be exempted from this contribution. Employers will receive a credit for their employee health expenses. Revenue from the assessment, along with other state and federal funds, will support the subsidized Commonwealth Care Insurance Program.

The current Uncompensated Care Pool is eliminated by this legislation. The bill maintains the safety net by creating the **Health Safety Net Fund** to reimburse hospitals and community health centers for uncompensated care. Hospital reimbursements will be made using a new standard fee schedule, instead of the current charges-based payment system. The plan anticipates the transfer of funds to the Commonwealth Care Insurance Program as free care use declines.

Employer Assessment (minimal real dollars)

\$295 per year/per FTE if an employer does not a minimal health insurance benefit (ie. 25% of FTE enrolled or the companies pays at least 33% of premium cost)

Medicaid Dollars (federal match)

The reform enhances outreach and enrollment for Medicaid-eligible families and individuals by providing support to community-based agencies for sustainable outreach programs. An additional \$80 million is provided to increase Medicaid hospital rates, while keeping within the budget neutrality limits of federal financing under the new Medicaid waiver. These rate increases are tied to performance goals of quality, efficiency, and improved outcomes for patients.

The Individual Mandate (in that it reduces the amount of "free-riders" ie. Individuals with income above 300% of poverty that do not purchase insurance either through their employer or on the individual market)

Tobacco Settlement Dollars

The bill applies tobacco settlement funds that the state receives each year toward health coverage for Massachusetts residents.

Maine Reform

The financing was from a one time, \$53 million in state budget funding, and then something called a Savings Offset Payment. The role of the Savings Offset Payment is to assess how much savings you're accomplishing the health care system and then to recoup those through a fee on insurance carrier and third-party administrators.

Medicaid Expansion (with some difficulty receiving CMS approval)

Vermont Reform

Employers pay a health care contribution based on the number of their employees (measured as full-time equivalents) who are uninsured.; \$395 / year.

Other revenues come from increases in tobacco taxes, Medicaid program savings due to Employer-Sponsored Insurance (ESI) enrollment, and through matching federal dollars under the Federal Medicaid Demonstration Waiver named Global Commitment to Health (GC).